County: Milwaukee Facility ID: 2030 Page 1

CAMEO CARE CENTER 5790 SOUTH 27TH STREET

MI LWAUKEE 53221 Phone: (414) 282-1300 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 112 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 112 Average Daily Census: 107 Number of Residents on 12/31/00: 104

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	9) %				
Home Health Care	No	Primary Diagnosis	 %	Age Groups	 %	Less Than 1 Year	39. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	51. 9
Supp. Home Care-Household Services	s No	Developmental Disabilities	0.0	Under 65	2. 9	More Than 4 Years	8. 7
Day Services	No	Mental Illness (Org./Psy)	17. 3	65 - 74	11. 5		
Respite Care	No	Mental Illness (Other)	7. 7	75 - 84	37. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43. 3	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	1.9	95 & 0ver	4.8	Full-Time Equivale	ent
Congregate Meals	No	Cancer	1. 9			Nursing Staff per 100 I	Resi dents
Home Delivered Meals	No	Fractures	11.5		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	32. 7	65 & 0ver	97. 1		
Transportation	No	Cerebrovascul ar	4.8			RNs	9. 5
Referral Service	No	Diabetes	3.8	Sex	%	LPNs	8. 8
Other Services	No	Respi ratory	8. 7			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	9.6	Male	24. 0	Aides & Orderlies	49. 9
Mentally Ill	No			Femal e	76. 0		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I			100. 0	I	
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Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Titl	e 18)	(	(Title	19)		0th	er	P	ri vate	Pay	I	Manage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n	]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	6	7. 3	\$122. 78	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	6	5. 8%
Skilled Care	_		\$234. 34	-	84. 1	\$104.81	0	0. 0	\$0.00	0	88. 9	\$0.00	0	0. 0	\$0.00	90	86. 5%
Intermediate				7	8. 5	\$86. 84	0	0. 0	\$0.00	0	11. 1	\$0.00	0	0.0	\$0.00	8	7. 7%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	13	100.0		82 1	00. 0		0	0. 0		9	100.0		0	0.0		104	100.0%

CAMEO CARE CENTER

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/3	31/00
Deaths During Reporting Period							
		İ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	7. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	0. 9	Bathi ng	8. 7		<b>56</b> . <b>7</b>	34. 6	104
Other Nursing Homes	13. 2	Dressi ng	11. 5		54. 8	33. 7	104
Acute Care Hospitals	74. 5	Transferri ng	27. 9		36. 5	35. 6	104
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 0		38. 5	36. 5	104
Rehabilitation Hospitals	0.0	Eati ng	48. 1		31. 7	20. 2	104
Other Locations	3.8	*************	******	******	*********	********	*******
Total Number of Admissions	106	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.8	Receiving F	Respi ratory Care	10. 6
Private Home/No Home Health	4.6	0cc/Freq. Incontinen	nt of Bladder	51.0	Recei vi ng T	Tracheostomy Care	0. 0
Private Home/With Home Health	12.0	0cc/Freq. Incontinen	nt of Bowel	<b>52.</b> 9	Recei vi ng S	Sucti oni ng	0. 0
Other Nursing Homes	7.4				Recei vi ng (	Ostomy Care	2. 9
Acute Care Hospitals	19. 4	Mobility			Recei vi ng T	Tube Feeding	7. 7
Psych. HospMR/DD Facilities	2.8	Physically Restraine	ed	4.8	Receiving M	Mechanically Altered Diets	30. 8
Rehabilitation Hospitals	0.0						
Other Locations	4.6	Skin Care			Other Resider	nt Characteristics	
Deaths	49. 1	With Pressure Sores		9. 6	Have Advance	ce Directives	100. 0
Total Number of Discharges		With Rashes		6. 7	Medi cati ons		
(Including Deaths)	108	I			Receiving I	Psychoactive Drugs	25. 0

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	This Proprietary Facility Peer Group		pri etary	100-	199	Ski l	lled	All	
			Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 5	74. 6	1. 28	83. 3	1. 15	81.9	1. 17	84. 5	1. 13
Current Residents from In-County	100	84. 4	1. 18	85.0	1. 18	85. 6	1. 17	77. 5	1. 29
Admissions from In-County, Still Residing	38. 7	20. 4	1. 90	19. 2	2. 01	23. 4	1.65	21.5	1.80
Admissions/Average Daily Census	99. 1	164. 5	0. 60	196. 7	0. 50	138. 2	0.72	124. 3	0.80
Discharges/Average Daily Census	100. 9	165. 9	0. 61	194. 3	0. 52	139. 8	0. 72	126. 1	0.80
Discharges To Private Residence/Average Daily Census	16. 8	62. 0	0. 27	76. 2	0. 22	48. 1	0. 35	49. 9	0.34
Residents Receiving Skilled Care	92. 3	89. 8	1.03	91. 2	1.01	89. 7	1.03	83. 3	1. 11
Residents Aged 65 and Older	97. 1	87. 9	1. 11	93. 9	1.03	92. 1	1.05	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	78. 8	71. 9	1. 10	60. 4	1. 31	65. 5	1. 20	69. 0	1. 14
Private Pay Funded Residents	8. 7	15. 0	0. 58	26. 5	0. 33	24. 5	0.35	22.6	0.38
Developmentally Disabled Residents	0. 0	1. 3	0.00	0.6	0.00	0. 9	0. 00	7. 6	0.00
Mentally Ill Residents	25. 0	31. 7	0. 79	26. 6	0.94	31. 5	0. 79	33. 3	0.75
General Medical Service Residents	9. 6	19. 7	0. 49	22. 9	0. 42	21.6	0.45	18. 4	0. 52
Impaired ADL (Mean)	54. 2	50. 9	1.07	48. 7	1. 11	50. 5	1.07	49. 4	1. 10
Psychological Problems	25. 0	<b>52.</b> 0	0.48	50. 4	0. 50	49. 2	0. 51	50. 1	0. 50
Nursing Care Required (Mean)	8. 5	7. 5	1. 14	7. 3	1. 17	7. 0	1. 21	7. 2	1. 19